

## DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. undernesti my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 ca below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto

X was filed on May 25, 1994 as Application Serial No. 08/250799 (for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referr abovc.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regular §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed t and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claim

EARLIEST FOREIGN APPLI	CATION(S), IF ANY, FILED PRICE	OR TO THE FILING DATE OF THE	APPLICATION
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172
			YES D NO D
			YES O NO O
			YES O NO O
			YES D NO D

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date prior application and the national or PCT international filing date of this application:

		STATUS		
APPLICATION SERIAL NO.	FILING DATE	PATENTED	PENDING	ABANDONED
		1	l	

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

POST OFFICE ADDRESS WAE D & OLIVO 708 THIRD AVENUE DIRECT ELEPHONE CALLS TO: WARD & OLIVO

(212) 697-6262 NEW YORK, NEW YORK 10017 MIDDLE NAME PIKST NAME LAST NAME Α. SPENCER FULL NAME **PATHUS** OF INVENTOR COUNTRY OF CITIZENSUP STATE OR POREIGN COUNTRY UNITED STATES OF AMERICA 2 **NEW JERSEY** RESIDENCE & SHORT HILLS O ZIP CODE CITIZENSHIP STATE OR COUNTRY 22331GUA 30FPO T2C4 **NEW JERSEY** 07078 SHORT HILLS POST OFFICE 31 KNOLLWOOD ROAD **ADDRESS** MUDCLE NAME FIRST NAME LAST NAME S. FULL NAME **JEFFREY NEVID** OF INVENTOR COUNTRY OF CITIZENSIEF STATE OR POREIGN COUNTRY UNITED STATES OF AMERICA 2 **NEW YORK** RESIDENCE & **NEW YORK** 0 CITIZENSHIP STATE OR COUNTRY 727 CODE aπ POST OFFICE ADDRESS 10025 **NEW YORK** NEW YORK POST OFFICE 382 CENTRAL PARK WEST, #11D **ADDRESS** MIDOLE NAME FIRST NAME LAST NAME LOIS **FULL NAME** FICHNER-RATHUS COUNTRY OF CITIZENSIUP OF INVENTOR STATE OR PORCION COUNTRY UNITED STATES OF AMERICA 2 **NEW JERSEY** RESIDENCE & SHORT HILL 0 Z1r C00E STATE OR COUNTRY CITIZENSHIP 3 POST OPFICE ADDRESS 07078 **NEW JERSEY** SHORT HILLS POST OFFICE 31 KNOLLWOOD ROAD **ADDRESS** MIDDLE NAME FIRST NAME LATT NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSIDE STATE OR FOREIGN COUNTRY CITY 2 RESIDENCE & 0 ZII CODE CITIZENSHIP STATE OR COUNTRY 4 POST OFFICE ADDRESS POST OFFICE **ADDRESS** MIDDLE NAME FIRST NAME -LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSIEF STATE OR FORLION COUNTRY 2 RESIDENCE & 0 CITIZENSHIP ZIP CODE STATE OF COUNTRY GTY ZZINGA IDEFIO TZ: M POST OFFICE **ADDRESS** MIDDLE NAME FURST NAME LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSIES STATE OR POREIGN COUNTRY 2 RESIDENCE & 0 ZIF CODE STATE OR COUNTRY CITIZENSHIP 6 att POST OFFICE ADDRESS

Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under the true statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under the statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issuing thereor like the united States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereor

1001 01 1141		SUNATURE OF INVENTOR 203
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVLATOR 207 S. Mind	lois Mcling-Ractius
White a-Ramp	DATE 1/2 1/G1	6/23/94
6/23/94	SIGNATURE OF INVENTOR 200	SIGNATURE OF INVENTOR 206
SIGNATURE OF INVENTUR 204		
	DATE	EATE
DATE	DATE	